

Survey Plan Submittal Forms

Appendix E

Revision 02, March 2003

Survey Plan Submittal Forms

Title and Approval Sheet

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Date

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Date

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Survey Plan**Date:** _____

This form is provided to the user/sponsor for assistance in determining the vessel requirements for the project. Close attention to detail is essential to the success of the project. So please, please complete the form as accurately as possible. Draw a single line through any item that does not apply. Do not include any information which is or may be deemed classified. Additional information may be provided on the last page.

1.0 GENERAL

Project Title:		Survey Title:	GUARDIAN
Requested by:		Organization:	
Project/Work Assignment Manager:		Organization:	
Survey Chief Scientist:		Organization:	
Organization Address:			
Phone No.:		Fax No.	
EPA Grant/Contact:		Work Assignment No.:	
Principal Investigator:		Organization:	
P.I. Telephone No:		Fax No.:	
Comments			

2.0 SCHEDULE OF OPERATIONS

The ship will depart as scheduled. If a cooperator(s) does not arrive to the ship on-time, the ship will depart without that cooperator, unless special considerations were established with the Chief Scientist beforehand. If the cooperator(s) needs to set-up equipment, the cooperator should arrive in a timely manner so as not to affect the ship's departure time.

Function	Date	Time	Location
Commence Mobilization			
Complete Mobilization			
Pre-sail Conference			
Dock Trials			
Depart Home Base			
Arrive on Station			
Depart Station			
Arrive Home Base			
Start Demobilization			
Finish Demobilization			
Post-sail Conference			

Survey Plan

Date: _____

Allowable Weather/Breakdown Days	
Maximum Duration (Days)	

Comments:

3.0 CHEMICAL BACKGROUND INFORMATION

(Including standards, spikes, and instrument calibration chemicals). **NOTICE:** A MATERIAL SAFETY DATA SHEET (MSDS) MUST ACCOMPANY EVERY CHEMICAL OR REAGENT THAT IS BROUGHT ABOARD THE LAKE GUARDIAN. COMPLIANCE WITH THIS REQUEST IS ABSOLUTELY NECESSARY PRIOR TO THE SHIP'S DEPARTURE. THE USER IS RESPONSIBLE FOR PROVIDING PROVISIONS FOR PROPER WASTE STORAGE METHODS/CONTAINERS

CHEMICAL NAME	QUANTITY	CONCENTRATION

3.1 HANDLING OF RADIOISOTOPES

Radioisotopes are to be shipped in accordance with standard Nuclear Regulatory Commission requirements to the Lake Guardian. They are then stored in the Primary Productivity portable laboratory where they are utilized. The radioisotopes and other waste products associated with them are to be removed by the NRC licensed researcher upon debarkation from the ship. The following must be provided for the associated research at least 60 days prior to arrival on the ship.

- 1) Copy of the proposal and/or survey plan with all protocols using radioisotopes
- 2) Copy of NRC or Agreement State License
- 3) Copy of Training for Validation of radiation training for all users of radioisotopes

4.0 SURVEY JUSTIFICATION AND RATIONALE

5.0 OBJECTIVES

Project:

Survey:

6.0 ENVIRONMENTAL MANAGEMENT QUESTIONS ASKED BY PROJECT/SURVEY

7.0 SURVEY LOCATION AND DESCRIPTION (Attach Detail/Figures If Needed)

Survey Area(s) Name(s) or Geographic Name:	
Survey Area Locations (Provide Map):	
Survey Area Boundary Coordinates (Lat/Long):	
Survey Station Types (Water/Sediment):	
Number of Stations by Type:	
Water Depth Required:	
Sediment Zone Required:	
Survey Transect Lengths:	
Transect Line Spacings:	
Other:	

8.0 SURVEY/SAMPLING METHODOLOGIES (Attach Detail/Tables/Figures If Needed)

Method Descriptions:

Method Rationale:

Diving On Survey: Yes: _____ No: _____ (If yes, see Sections 15 and 16)

9.0 SEQUENCE OF SURVEY TASKS/EVENTS

10.0 SURVEY COMMUNICATIONS REQUIREMENTS

HF		FREQ	
VHF		FREQ	
UHF		FREQ	
LORAN-C		RADAR	
GYROCOMPASS		SATNAV	
OMEGA		DECCA	
OTHER COMMUNICATION		OTHER NAVIGATION	

11.0 SHIPBOARD SERVICES EQUIPMENT SUPPLIES

- 1) HANDLING EQUIPMENT
PROJECT SUPPLIED _____ GUARDIAN SUPPLIED (Attach GUARDIAN Check List If Appropriate):
- 2) LABORATORIES REQUIRED
PROJECT SUPPLIED _____ GUARDIAN SUPPLIED (Attach GUARDIAN Check List If Appropriate):
- 3) DIRECT DECK ACCESS
- 4) WINCH REQUIREMENTS
PROJECT SUPPLIED _____ GUARDIAN SUPPLIED (Attach GUARDIAN Check List If Appropriate):
- 5) LIFTING GEAR
PROJECT SUPPLIED _____ GUARDIAN SUPPLIED (Attach GUARDIAN Check List If Appropriate):

Survey Plan

Date: _____

6) OTHER DECK EQUIPMENT:

7) ELECTRICAL POWER REQUIREMENTS

Description and Location: _____

8) WATER REQUIREMENTS

Fresh**Quality****Distilled****Quantity**

9) HYDRAULICS

Pressure**Volume**

10) AIR

Pressure**Volume**

11) SMALL CRAFT

PROJECT SUPPLIED _____ GUARDIAN SUPPLIED (Attach GUARDIAN Check List If Appropriate):

IF PROJECT SUPPLIED, PROVIDE

Size _____ Weight _____ O.B. Motor _____

Purpose _____

Will the Guardian need to carry the small craft? **YES** _____ **NO** _____

12) CREW ASSISTANCE - The crew of the *R/V Lake Guardian* includes a Science Officer and Marine Technician who are responsible for operating the ship's science, sampling and laboratory equipment to facilitate your survey goals. There are also several professional seamen on board to handle the deck gear (cranes, winches, A-frames, davits, etc...) for your use. Beyond this scope however, it is requested that your scientific party include the appropriate number of personnel to complete the remainder of your project requirements.

Rating (Type) _____**Number of Personnel** _____**Rating (Type)** _____**Number of Personnel** _____**Rating (Type)** _____**Number of Personnel** _____

13) OTHER SHIP REQUIREMENTS:

1) _____

2) _____

14) SHORE SUPPORT MOBILIZATION FORCE:

Welders _____**Riggers** _____**Mechanics** _____**Machinists** _____**Laborers** _____**12.0 OPERATING****Sea State**

Condition	MAX	MIN
Wave Height		

Atmospheric Conditions

Wind Speed	MAX:	MIN:	
Temperature	MAX:	MIN:	
Cloud Cover	ANY:	O'CAST:	SUN:
Precipitation	Permitted:	Not Permitted:	
Visibility	MAX:	MIN:	
Time of Day	ANY:	DAYLIGHT:	NIGHT:

13.0 SCIENTIFIC PARTY

1. Point of Contact _____

2. Number of Personnel _____ Maximum Number of Persons to a Cabin _____

NAME	SURVEY RESPONSIBILITY	ORGANIZATION	TIME/PLACE OF ARRIVAL AND DEPARTURE

Please indicate below if any persons in your science party have taken any courses or obtained training and/or certification in:

- | | |
|---------------------------------|-----------------------------|
| A. Laboratory Health & Safety | B. Field Health & Safety |
| C. Hazardous Materials Handling | D. Emergency Spill Response |
| E. Respiratory Protection | F. Radiation Safety |
| G. First Aid and/or CPR | H. Fire Fighting |
| I. Small Boat Handling | J. Lockout/Tagout |
| K. Crane/Derrick Operation | L. Bloodborne Pathogens |

NAME	TRAINING, COURSE OR CERTIFICATION OBTAINED	OBTAINED WHEN

Survey Plan**Date:** _____

NAME	TRAINING, COURSE OR CERTIFICATION OBTAINED	OBTAINED WHEN

Comments: _____

_____**14.0 PROPOSED REPORTING REQUIREMENTS****12. CREW ASSISTANCE**Debriefing Telephone Call: **YES** _____ **NO** _____ **No. of Days After Demob.:** _____

Survey Report Due Date (20 Days After Demob.): _____

Final Report/Other Document Description: _____

Other Comments: _____

15.0 DIVING OPERATIONS

Locations: _____

Potential Hazards: _____

Depth Range: _____

Maximum Depth _____

Dive Master: _____

Organization: _____

Dive #2: _____

Organization: _____

Dive #3: _____

Organization: _____

Dive #4: _____

Organization: _____

Dive #5: _____

Organization: _____

Dive #6: _____

Organization: _____

Dive #7: _____

Organization: _____

Survey Plan**Date:** _____

Dive #8: _____

Organization: _____

REQUIREMENTS REMINDER:**OXYGEN WILL BE ON SITE ON BOTH THE GUARDIAN AND TENDER BOAT.**

(Oxygen Will Be Provided By The GUARDIAN.)

STANDBY DIVER WILL BE SUITED UP IN THE TENDER BOAT READY TO DIVE.

(Dive Team Scheduling And Bottom Time Planning Must Allow For This.)

GUARDIAN Anchored: **YES:** _____**NO:** _____Tender Boat Anchored: **YES:** _____**NO:** _____

Communications: _____

Tender Boat: _____

Special Equipment Needed: _____

Other: _____

16.0 DIVER EMERGENCY AID LIST**DIVERS ALERT NETWORK (DAN) 24-Hour Telephone No.: (919) 684-8111****NEAREST DECOMPRESSION CHAMBER** (Facility Name And Address): _____

Telephone No.: _____ 24-Hour Telephone No.: _____

Telephone Call On Day Of Initial Diving Operations To Be Made By: _____

Hyperbaric Physician(s): _____ Telephone No: _____

NEAREST HOSPITAL (Facility Name And Address): _____

Telephone No.: _____ 24-Hour Telephone No.: _____

Hyperbaric Physician(s): _____ Telephone No: _____

NEAREST COAST GUARD STATION (Facility Name And Address) : _____

VHF Channel: _____ Telephone No: _____

FIRST AID EQUIPMENT: _____

Location: _____

Oxygen Location: _____

Survey Plan

Date: _____

DIVER MEDIC (Name If Planned): _____

SPECIAL CONSIDERATIONS: _____
